

VERMONT EMERGENCY MEDICAL SERVICES REQUEST FOR SUPPLEMENTAL INFORMATION

Vermont EMS#	Individual's Name	
Email:		
Primary	Secondary	
Additional contact numbers		
	Pager Number	
Cell Nullibel	ragei Nullibei	
Occupation: (pick only 1)		
None	ER technician	Paralegal
Bus driver	Forklift operator	Pharmacist
Carpenter / Architect	Internet	Physician
Clergy / Counseling	Judge	Plumber
Clerical	Laborer	Public Relations
Computer programming	Law Enforcement	Sales
Computer repair	Lawyer	Self-employed
Construction / contracting	Manufacturing	Services
Court reporter	Marketing	Stenographer
Dentist	Mechanic	Student
Education	Media Mediaal	Transportation Truck Driver
Electrician	Medical	Veterinarian
EMS	Medical office personnel Nurse	Warehouse manager
Engineering	Nuise	Other
Occupation Shift: (pick only	<i>,</i> 1)	
First (Days)	•	inguage Fluency (write in those
	you can speak or write)	
Second (Evenings)	you can sp	Dear of write)
Third (Nights)		
••		
	of Kin or Emergency Contact I	nformation
Primary:		
Full Name		
Relationship		
Address		
City/State/Zip		
Phone Number		
Alternate Phone Number		
Secondary:		
Full Name		
Relationship		
Address		
City/State/Zip		
Phone Number		
Alternate Phone Number		
	Vermont EMS	
	PO Box 70	

Burlington, VT 05402

802-863-7310 or 800-244-0911 (in VT); 802-863-7577 (fax)